

MDR Tracking Number: M5-04-3390-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution –General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 6-4-04.

In accordance with Rule 133.308 (e)(1), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 6-4-04, therefore the following date(s) of service are not timely and are not eligible for this review: 5-29-03.

The IRO reviewed office visits from 7-29-03 through 12-2-03 that were denied based upon “V”.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that office visits from 7-29-03 through 12-2-03 were not medically necessary. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were not the only fees involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On August 4, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The office visits and TWCC 73 Work Status Reports from 6-9-03 through 6-20-03 were denied by the insurance carrier with denial code “E”. A review of the TWCC 21 reveals that the carrier is disputing MRI findings of spinal cysts and tumor. However, the doctor is treating for Diagnosis Code 724.4 – lumbosacral neuritis. Therefore review will be in accordance with the 1996 Medical Fee Guideline. Recommend reimbursement for CPT Codes 99213 and 99080-73 for dates of service 6-9-03 and 6-20-03 - in the amount of \$126 (\$48.00 x 2 dates of service plus \$15.00 x 2 dates of service.)

The carrier denied CPT Code 99080-73 for dates of service 7-29-03, 8-28-03, 10-1-03 and 12-2-03 with a V for unnecessary medical treatment based on a peer review, however, the TWCC-73 is a required report and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter and, therefore, these dates of service will be reviewed per the 1996 Medical Fee Guideline. Requester submitted relevant information to support delivery of service. Recommend reimbursement of \$60 for CPT Code 99080-73 of \$60.00 (\$15.00 x four dates of service).

### **ORDER.**

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 6-9-03 through 12-2-03 in this dispute.

This Decision and Order is hereby issued this 27<sup>th</sup> day of September 2004.

Donna Auby

Medical Dispute Resolution Officer  
Medical Review Division

## **MEDICAL REVIEW OF TEXAS**

[IRO #5259]

**3402 Vanshire Drive**

**Austin, Texas 78738**

**Phone: 512-402-1400**

**FAX: 512-402-1012**

## **NOTICE OF INDEPENDENT REVIEW DETERMINATION**

TWCC Case Number:	
MDR Tracking Number:	M5-04-3390-01
Name of Patient:	
Name of URA/Payer:	
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	

July 30, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

CLINICAL HISTORY

Patient is a 49-year-old female loop maker for Levi Strauss Company who, on \_\_\_\_, injured her lower back after she pulled a very heavy cart that was carrying roughly 60 pairs of blue jeans. She further stated that she was required to pull the cart some 6-7 meters utilizing only her left hand. She first treated with a medical doctor, but eventually changed treating doctors to a doctor of chiropractic who treated her with physical therapy. She eventually underwent biofeedback, chronic pain management, and even surgical excision of a sacral cyst. She was deemed clinically MMI on 09/05/02 with a 10% whole-person impairment by a designated doctor.

REQUESTED SERVICE(S)

99213-Office visits for dates of service 7/29/03 through 12/2/03.

## DECISION

Denied.

## RATIONALE/BASIS FOR DECISION

In this case, and during this time frame, the patient was already under the supervisory care of both a neurologist/behavioral neurologist (Dr. L) and a neurosurgeon (Dr. G), both of whom were capable of managing the patient's ongoing care, specifically her pain medications. And since, according to the daily records supplied by Dr. B, he did not offer spinal manipulation, his case management-only services were duplicative, and as such, medically unnecessary.